

Customer No.: 50122

Application Date: 01/11/2024

Approved: _____ on: _____

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.

All Applications requiring Board of License Examiners approval must be submitted by Wednesday prior to the scheduled meeting.

The undersigned hereby applies for a (select those that apply):

Annual: X Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u>	YES	NO
Carpenter-Accessory _____	YES	NO

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding _____
Doors/Windows _____	Insulation _____
Drywall _____	Fences _____
Cabinets/Countertops _____	Waterproofing _____

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 2024. The application fee of \$ 50 has been paid to the Building Inspection Division as shown by Receipt Number 203458. License/Certificate Fee of \$ 200 is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

1 First Name Juan Middle Initial _____ Last Name Carlos
Home Address 2112 S 9th St Cell #: (920) 917-4101
City Sheboygan State WI Zip(+4) 53081-6022

2 Email carlos.juan.roofing2016@gmail.com

3 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____

4 Current Employer: Sheboygan Roofing LLC
How long have you been employed: 4 years _____ months. Number of employees: _____
Work Address 2112 S 9th St Work #: (920) 917-4101
City Sheboygan State WI Zip(+4) 53081-

5 Work Experience: For whom have you worked? How did you gain your construction experience?

3 yrs	For <u>Oastbury concrete</u>	Address <u>110 S business park DR</u>
	From Date <u>2018</u> , <u>2021</u>	To Date <u>2021</u>
2 yrs	For <u>A. Chappa LLC</u>	Address <u>443 North main St</u>
	From Date <u>2017</u> ,	To Date <u>2018</u>
	For _____	Address _____
	From Date _____ ,	To Date _____
	For _____	Address _____
	From Date _____ ,	To Date _____

6 State in detail the type of construction work you have been doing: framing, putting up, demolishing, Renovation, Repairs, building Renovation.

and the type of construction work you expect to do in the future:

building Renovation, Repairs, putting up

7 Have you attended a trade school: NO. If yes, give date, name and address of school(s) attended:

8 Did you serve an apprenticeship period? NO, If so, state with whom, and dates:

9 Have you ever held a City Construction related license/certification? YES If YES, list type and dates:

Roofing, siding, Doors/windows

Have you ever had a City construction related license/certification denied, refused, or revoked?

If YES, list date, place and reason: NO

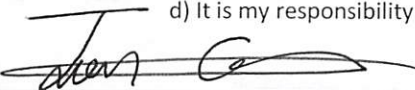
10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? YES. Are you familiar with the definition of, and can perform the work required under the Municipal Code? YES.

11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? YES.

I, the applicant, mentioned in the foregoing application for a City of Sheboygan Contractor License/Certification, have read each of the foregoing questions from 1 to 11 inclusive; to which I have made answer, and said answers in each instance are true and correct. I understand false statements or willful omission of pertinent information will be grounds for denial or revocation of a license/certificate.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance



APPLICANT SIGNATURE

1-11-24

DATE

Witnessed by:

Print Name:

Address:

Miguel Silva
Miguel Silva
2124 N 9th
St

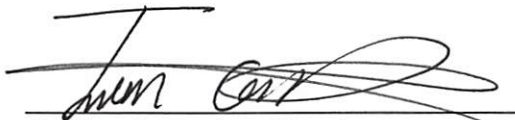
July 20, 2023

TO ALL BUILDING APPLICANTS:

It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**


Building Contractor - Signature

7-11-24
Date


Building Contractor - please print

FOR SOLE PROPRIETORS, PARTNERSHIPS, OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE WORKER'S COMPENSATION REQUIREMENT. (CORPORATIONS ARE *NOT* ELIGIBLE FOR THIS OPTION.)

Please be advised that _____ have/has no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature: _____ Date: _____